

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 3312 OF 4074

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fair Fight

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lynch, Sarah, , ,

Mailing Address 7405 Birch Ave

City
Takoma ParkState
MDZip Code
20912-4253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WWFOccupation (for Individual)
Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2020

Transaction ID : VR060WT09V2

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lynch, Sarah, , ,

Mailing Address 7405 Birch Ave

City
Takoma ParkState
MDZip Code
20912-4253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WWFOccupation (for Individual)
Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2020

Transaction ID : VR060X6X6B5

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lynch, Siobhan, , ,

Mailing Address 3125 Eldora Ln

City
MissoulaState
MTZip Code
59803-2806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montana Cancer SpecialistsOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2020

Transaction ID : VR060X6WGC5

Amount of Each Receipt this Period

500.00

☐ Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶

8500.00

TOTAL This Period (last page this line number only).....▶